



Mary-Kay Davidson-Taylor, MS OTR/L ● Pediatric Occupational Therapist ● Director, Kidz Therapy, LLC ● (703) 862-6557

Kidz Therapy, LLC
3508 Fort Hill Drive
Alexandria, Virginia 22310
703-862-6557
kidztherapy@icloud.com

CONSENT FOR TREATMENT SERVICES

I, _____, give my permission for Kidz Therapy, LLC to provide evaluation, treatment, and/or consultative occupational therapy services to my child,
_____.

Patient/Guardian: _____ Date: _____

Patient/Guardian (printed name): _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, give my permission to Kidz Therapy, LLC to exchange information (electronically or other means both written and/or orally) with the following physicians, programs, teachers, or other persons (please include contact information for all professionals working with the child):

regarding my child, _____.

Parental/guardian signature releases Kidz Therapy, LLC from all legal liability that may arise as a result of their compliance with my request.

Patient/Guardian (sign): _____ Date: _____

Patient/Guardian (printed name): _____